

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	✓					
6	✓					
7	1					
8	1					
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TOTAL IND.

TOTAL

DEP.

TOTAL

CLAIMS



TOTAL IND.

TOTAL

DEP.

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CLAIMS